

LOCAL REGISTRAR'S CERTIFICATION OF DEATH

WARNING: It is illegal to duplicate this copy by photostat or photograph.

Fee for this certificate: \$20.00

P 28072020

Certification Number



This is to certify that the information here given correctly copied from an original Certificate of Death duly filed with me as Local Registrar. The original certificate will be forwarded to the State Vital Records Office for permanent filing.

Bruce Lynn Smith

MAY 10 2021

Local Registrar

Date Issued

COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF HEALTH • VITAL RECORDS

CERTIFICATE OF DEATH State File Number: 345954-2021

1. Decedent's Legal Name (First, Middle, Last, Suffix) **James Robert Sheller** 2. Sex **Male** 3. Social Security Number **[REDACTED]** 4. Date of Death (Month, day, year) **April 16, 2021**

5a. Age-Last Birthday (Yrs) **54** 5b. Under 1 Year **Months** 5c. Under 1 Day **Hours** 5d. Under 1 Day **Minutes** 6. Date of Birth (Mo/Day/Year) (Spell Month) **November 06, 1966** 7a. Birthplace (City and State or Foreign Country) **Pittsburgh, Pennsylvania** 7b. Birthplace (County) **Allegheny**

8a. Residence (State or Foreign Country) **Pennsylvania** 8b. Residence (Street and Number - Include Apt No.) **3233 Churchview Avenue** 8c. Did Decedent Live in a Township? ☐ Yes, decedent lived in _____ township. ☒ No, decedent lived within limits of **Baldwin** city/town.

8d. Residence (County) **Allegheny** 8e. Residence (Zip Code) **15227** 11. Surviving Spouse's Name (If valid, give name prior to first marriage) **Beth Leonard**

9. Ever in US Armed Forces? ☐ Yes ☒ No ☐ Unknown 10. Marital Status at Time of Death ☐ Divorced ☒ Married ☐ Widowed ☐ Unknown 13. Mother / Parent's Name Prior to First Marriage (First, Middle, Last, Suffix) **Darlene Hammening**

12. Father / Parent's Name (First, Middle, Last, Suffix) **James E. Sheller** 14a. Informant's Name **Beth Sheller** 14b. Relationship to Decedent **Spouse** 14c. Informant's Mailing Address (Street and Number, City, State, Zip Code) **3233 Churchview Avenue Pittsburgh, PA 15227**

15a. Place of Death (Check only one) ☒ If Death Occurred in a Hospital: ☐ Emergency Room/Outpatient ☐ Inpatient ☐ Nursing Home/Long-Term Care Facility ☐ Hospice Facility ☐ Decedent's Home ☐ Other (Specify) _____

15b. Facility Name (If not institution, give street and number) **Jefferson Hospital** 15c. City or Town, State, and Zip Code **Jefferson Hills, Pennsylvania 15025** 15d. County of Death **Allegheny**

16a. Method of Disposition ☐ Removal from State ☐ Burial ☒ Cremation ☐ Other (Specify) _____ 16b. Date of Disposition **April 19, 2021** 16c. Place of Disposition (Name of cemetery, crematory, or other place) **Pittsburgh Cremation Services**

16d. Location of Disposition (City or Town, State, and Zip) **Ross Township, Pennsylvania 15237** 17a. Signature of Funeral Service Licensee or Person in Charge of Interment **Jeffrey L. Maist (Electronically Signed)** 17b. License Number **FD013775L**

17c. Name and Complete Address of Funeral Facility **John F. Slater Funeral Home Inc 4201 Brownsville Road Pittsburgh, Pennsylvania 15227**

18. Decedent's Education - Check the box that best describes the highest degree or level of school completed at the time of death. ☐ 8th grade or less ☐ No diploma, 9th - 12th grade ☐ High school graduate or GED completed ☐ Some college credit, but no degree ☒ Associate degree (e.g., AA, AS) ☐ Bachelor's degree (e.g., BA, BS) ☐ Master's degree (e.g., MA, MS, MEd, MDiv, MFA) ☐ Doctorate (e.g., PhD, EdD) or professional degree (e.g., MD, DDS, DVM, LL.B., JD)

19. Decedent's Race - Check ONE OR MORE races to indicate what the decedent considered himself or herself to be. ☒ White ☐ Black or African American ☐ American Indian or Alaska Native ☐ Asian Indian ☐ Chinese ☐ Filipino ☐ Japanese ☐ Korean ☐ Vietnamese ☐ Other Asian ☐ Native Hawaiian ☐ Other (Specify) _____

20. Decedent's Race - Check ONE OR MORE races to indicate what the decedent considered himself or herself to be. ☒ White ☐ Black or African American ☐ American Indian or Alaska Native ☐ Asian Indian ☐ Chinese ☐ Filipino ☐ Japanese ☐ Korean ☐ Vietnamese ☐ Other Asian ☐ Native Hawaiian ☐ Other (Specify) _____

21. Decedent's Single Race Self-Designation - Check ONLY ONE to indicate what the decedent considered himself or herself to be. ☒ White ☐ Black or African American ☐ American Indian or Alaska Native ☐ Asian Indian ☐ Chinese ☐ Filipino ☐ Japanese ☐ Korean ☐ Vietnamese ☐ Other Asian ☐ Native Hawaiian ☐ Other (Specify) _____

22a. Decedent's Usual Occupation - Indicate type of work done during most of working life. DO NOT USE RETIRED. **Auto Customization** 22b. Kind of Business/Industry **Automotive**

23a. Date Pronounced Dead (Mo/Day/Yr) **April 16, 2021** 23b. Signature of Person Pronouncing Death (Only when applicable) **[REDACTED]** 23c. License Number **[REDACTED]**

24. Time of Death **13:34** 25. Was Medical Examiner or Coroner Contacted? ☐ Yes ☒ No

26. Part I. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.

IMMEDIATE CAUSE (final disease or condition resulting in death) **a. Septic shock** Due to (or as a consequence of): _____

Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST. **b. Acute respiratory distress syndrome** Due to (or as a consequence of): _____

c. COVID pneumonia Due to (or as a consequence of): _____

d. Due to (or as a consequence of): _____

26. Part II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I. _____

27. Was autopsy performed? ☐ Yes ☒ No

28. Were autopsy findings available to complete the cause of death? ☐ Yes ☒ No

29. If Female: ☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year

30. Did Tobacco Use Contribute to Death? ☒ Yes ☐ No ☐ Unknown

31. Manner of Death ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending investigation ☐ Could not be determined

32. Date of Injury (Mo/Day/Yr) (Spell Month) _____ 33. Time of Injury _____

34. Place of injury (e.g., home, construction site; farm; school) _____ 35. Location of Injury (Street and Number, City, State, Zip Code) _____

36. Injury at Work ☐ Yes ☒ No 37. If Transportation Injury, Specify: ☐ Driver/Operator ☐ Pedestrian ☐ Passenger ☐ Other (Specify) _____

38. Describe How Injury Occurred: _____

39a. Certifier - physician, certified registered nurse practitioner, physician assistant, medical examiner/coroner (Check only one): ☒ Certifying only - To the best of my knowledge, death occurred due to the cause(s) and manner stated. ☐ Pronouncing & Certifying - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. ☐ Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.

Signature of certifier **Jennifer Leap (Electronically Signed)** Title of certifier **DO**

39b. Name, Address and Zip Code of Person Completing Cause of Death (Item 25) **Jennifer Leap 565 Coal Valley Rd Jefferson Hills, Pennsylvania 15025** License Number **OS018590**

40. Registrar's District Number **02-031** 41. Registrar's Signature **Amy Lynn Smith (Electronically Signed)** 42. Registrar's Date (Mo/Day/Yr) **April 19, 2021**

43. Amendments _____ 44. Registrar's Date (Mo/Day/Yr) **April 20, 2021**

NAME OF DECEDENT **James Robert Sheller**

TO BE COMPLETED BY MEDICAL CERTIFIER

TO BE COMPLETED/VERIFIED BY FUNERAL DIRECTOR

ALIAS USED

Disposition Permit No. **1757426**

H105-143
REV 11/2017-E